

Name
in
Full

Jno. W. Bowies (Baby no name)

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Pisgah* TownCounty *Charles*Date of death *1907 June*Day *16*Age *Years*

Months

Days *14*Sex *Male*Color or Race *American*Birth-place *Pisgah, Md.*

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name*John W. Bowie*Father's
Birthplace*Charles, Co. Md.*Mother's
Maiden Name*Ethel Carpenter*Mother's
Birthplace*Charles, Co. Md.*Name of person giving
Information*John W. Bowie*How related
to deceased*Father.*

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary

Pulmonary Atelectasis

How long

Immediate

Asphyxia

How long

Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician*Geo. E. Bicknell,*

Address

Pisgah Md.

Accident or Suicide?



Name

in Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Agie Easton

Town

County

Died at

Pomorie

Ches

MARYLAND

Date

Month

Day

Years

Months

Days

of death

1907 June

25

Age

3

Sex

Female

Color or Race

Dark

Birth-place

Ind

Occupation

Where Residing if not at place of death

Calhoun

Married, Single or Widowed

Name of Wife or Husband

Father's Name

Albert Easton

Father's Birthplace

Ind

Mother's Maiden Name

Sarah Dickerson

Mother's Birthplace

Ind

Name of person giving information

Thom Day

How related to deceased

None

CAUSES OF DEATH

167

PHYSICIAN
OR CORONER

Primary

How long

Immediate

Burnt to Death

How long

3 days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

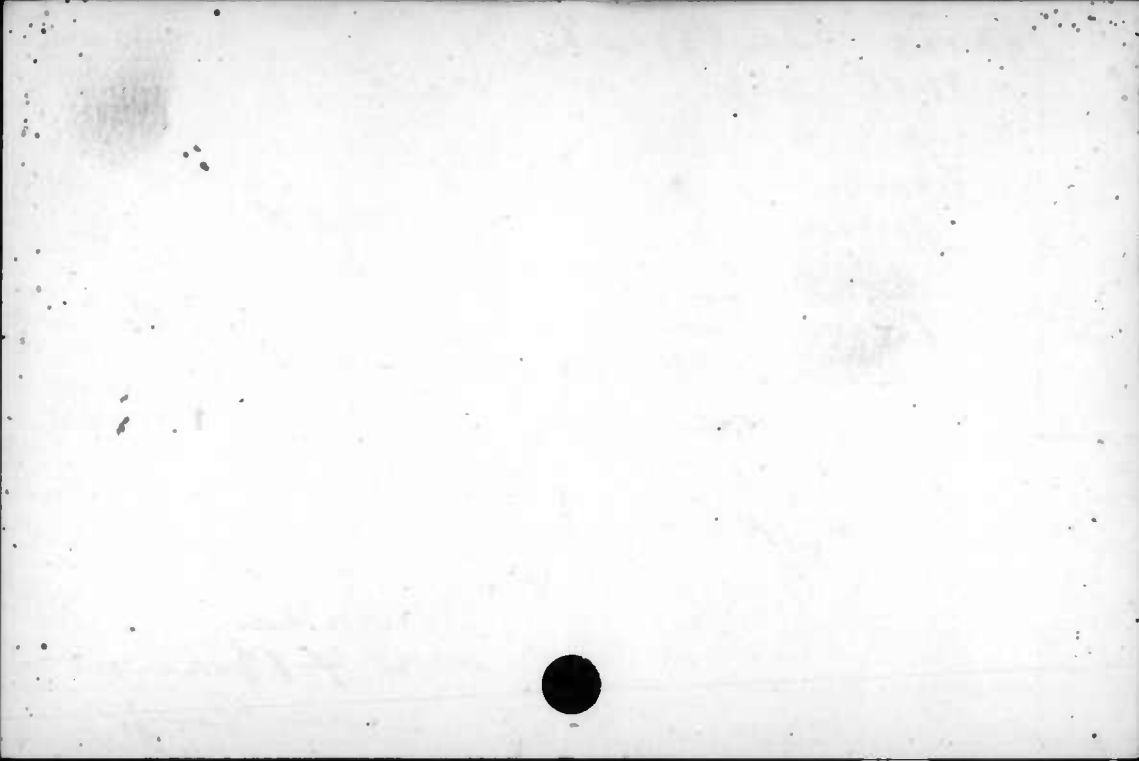
John P. Prudishall

Pomorie

Accident or Suicide?

No

Ind



| Name in Full | | Certificate of Death | | | |
|--|----------------|---|-------|-------------|-------------------------------------|
| Marie Guttrich | | MARYLAND | | | |
| Died at Hill Top | | County Cal | | | |
| Date of death | 1907 | Month | 6 | Day | 28 |
| Age | | Years | | Months | 6 |
| Sex | Female | Color or Race | Black | Birth-place | Cal G ^d - W ^d |
| Occupation | None | Where Residing if not at place of death Cal | | | |
| Married, Single or Widowed | Single | Name of Wife or Husband None | | | |
| Father's Name | Ben Guttrich | Father's Birthplace Cal G ^d - W ^d | | | |
| Mother's Maiden Name | Annie Matthews | Mother's Birthplace " " " | | | |
| Name of person giving information | Eddy Matthews | How related to deceased Uncle | | | |
| CAUSES OF DEATH | | | | | |
| Primary | Paralysis | (66) | | How long | 1 Week |
| Immediate | | | | How long | |
| Are the name, age, sex, color, date and place correctly given above? | | Yes | | | |
| Signature of Physician | | None | | | |
| Address | | Wm F Brauner | | | |
| Accident or Suicide? | | Sub Ray | | | |

WY Browne

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|--|--|--|--|-----------------------------------|--|---------------------|--|
| Name Robert R. Hancock | | Town Nanjemoy | | County 3rd Dist Charles | | MARYLAND | |
| Died at | | Month June | | Day 22 | | Years 67 | |
| Date of death | | 1907 | | Age | | Months 67 | |
| Sex male | | Color or Race White | | Birth-place Md. | | | |
| Occupation Farmer | | Where Residing If not at place of death | | | | | |
| Married, Single or Widowed married | | Name of Wife or Husband Sallie Hancock | | | | | |
| Father's Name Randell Hancock | | Father's Birthplace Md | | | | | |
| Mother's Maiden Name Levenia Lefford | | Mother's Birthplace Md | | | | | |
| Name of person giving information Wm Brown | | How related to deceased No relation | | | | | |

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

| | | | |
|--|--|---------------------------|----------------------|
| Primary | Organic Disease of Heart | How long | last illness |
| Immediate | Birth Drops and Kidney complication | How long | 10 or 12 days |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician | |
| yes | | D. H. Speake Md | |
| | | Address Grayton | |
| Accident or Suicide? | | | |



Name
in
Full

CERTIFICATE OF DEATH

May Viola Hawkins
 Town *Newport* County *Charles*

MARYLAND

Died at

Date

of death 1907

Month

Day

Age

Years

Months

Days

*June**28**3*

Sex

*Female*Color or
Race*Colored*Birth-
place*Charles*

Occupation

*None*Where Residing if not
at place of death*Newport*Married, Single
or WidowedName of Wife or
HusbandFather's
Name*Phillip Hawkins*Father's
Birthplace*St. Marys*Mother's
Maiden Name*Azzie Will*Mother's
Birthplace*Charles*Name of person giving
In formation*Phillip Hawkins*How related
to deceased*Father*

CAUSES OF DEATH

Primary

Burned

How long

167

Immediate

How long

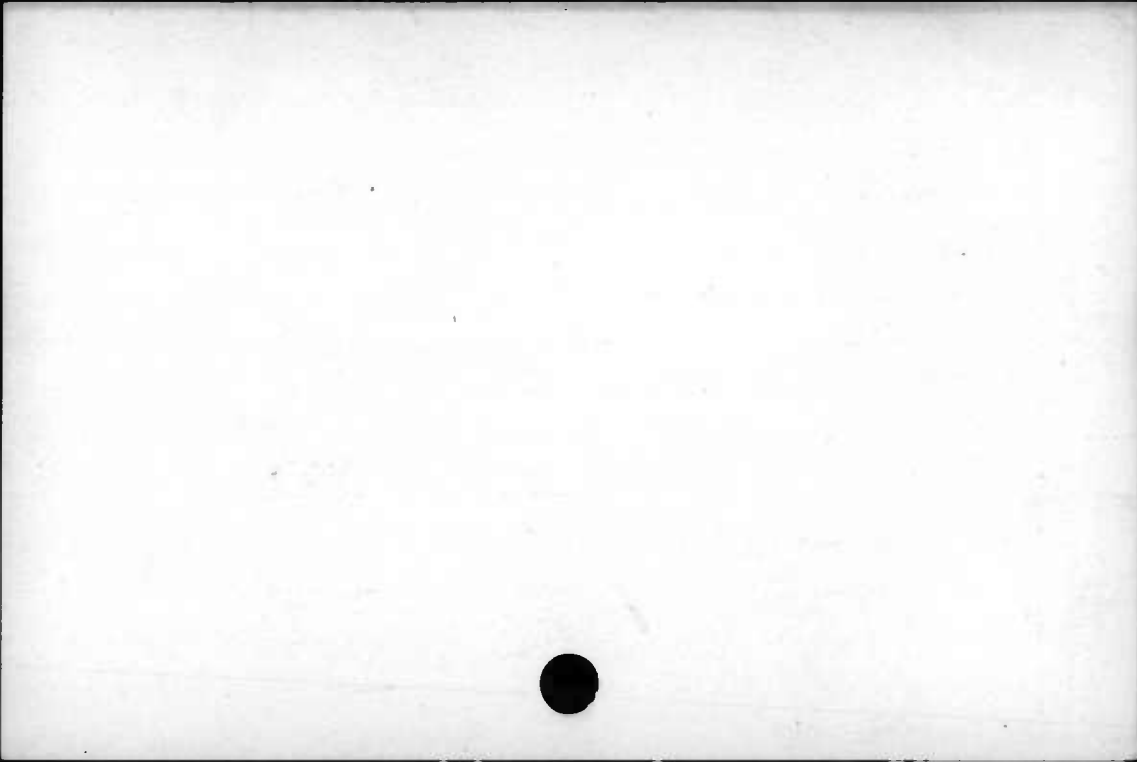
Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

W. J. Yates
Surf Ry

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

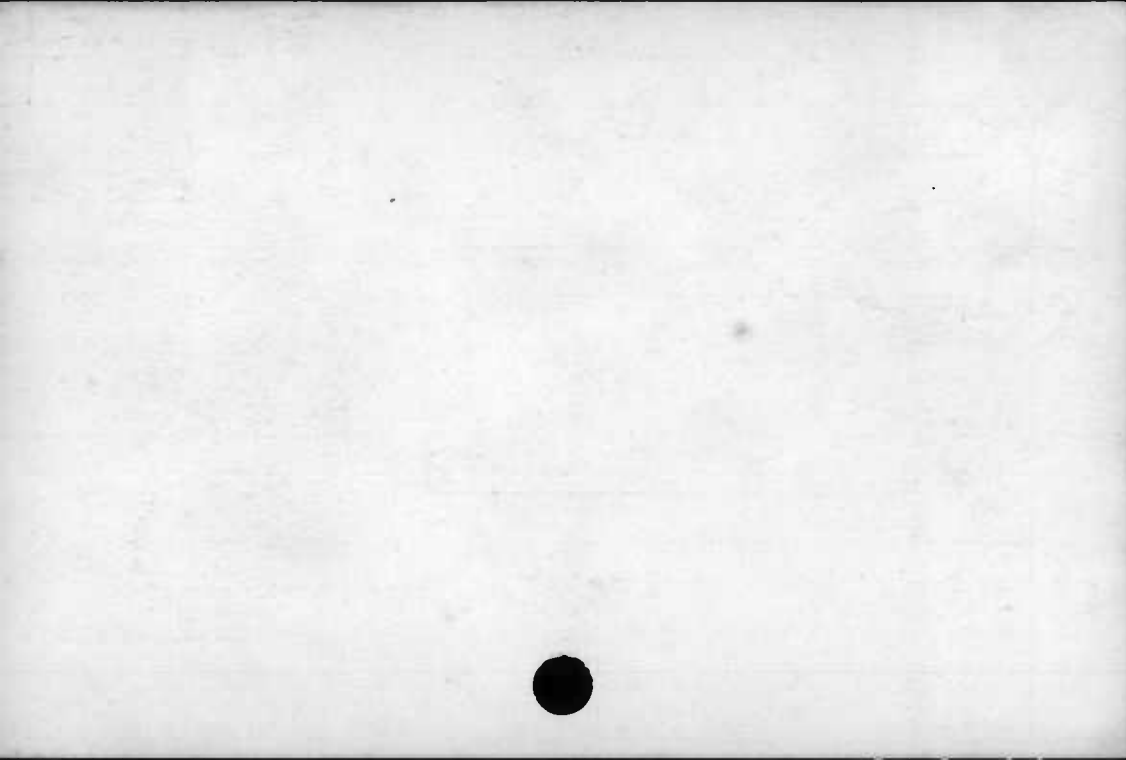
| | | | | | | | |
|--|--|---|--|--|--|-----------------------|--|
| Name in Full Robert Johnson | | Town La Plata | | County Charles | | State MARYLAND | |
| Died at | | Month June | | Day 28th | | Years 60 | |
| Date of death 1907 | | Months — | | Days — | | | |
| Sex male | | Color or Race colored | | Birth-place Virginia | | | |
| Occupation labour | | | | Where Residing if not at place of death — | | | |
| Married, Single or Widowed married | | Name of Wife or Husband Emily Chew | | | | | |
| Father's Name Don't know | | Father's Birthplace — | | | | | |
| Mother's Maiden Name Don't know | | Mother's Birthplace — | | | | | |
| Name of person giving information John Chew | | How related to deceased brother-in-law | | | | | |

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

| | | | |
|---|--|---|--|
| Primary Valvular disease of heart | | How long 2 or 3 yrs | |
| Immediate Cerebral hemorrhage | | How long suddenly | |
| Are the name, age, sex, color, date and place correctly given above? yes | | Signature of Physician Thos S. Gower | |
| | | Address La Plata | |
| Accident or Suicide? no | | md | |



Name
in
Full

CERTIFICATE OF DEATH

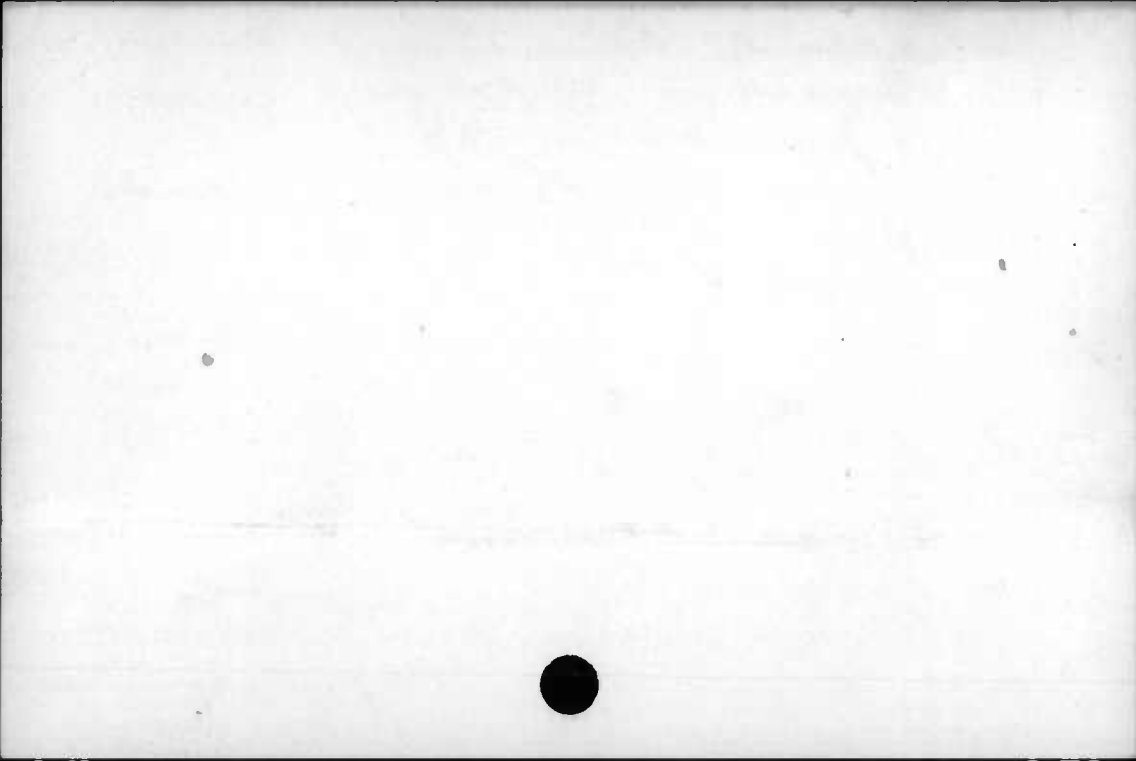
TO BE ANSWERED BY
NEAREST FRIEND

| | | | |
|--|---|------------------------|----------------|
| Died at <i>near Grayton</i> Town <i>Charles</i> County | | MAYLAND | |
| Date of death <i>1907</i> | Month <i>June</i> | Day <i>23</i> | Age <i>71</i> |
| Sex <i>Male</i> | Color or Race <i>Black</i> | Birth-place <i>Ind</i> | Months Days |
| Occupation <i>Farmer</i> | Where Residing if not at place of death | | |
| <input checked="" type="checkbox"/> Married, <input checked="" type="checkbox"/> Widowed | Name of Wife or Husband <i>Lealie Simpson</i> | | |
| Father's Name <i>Unknown</i> | Father's Birthplace <i>Ind.</i> | | |
| Mother's Maiden Name <i>Jane Tubman</i> | Mother's Birthplace <i>Ind</i> | | |
| Name of person giving information <i>William Key</i> | How related to deceased <i>Son</i> | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|---|--|
| Primary <i>Dropsy</i> | How long <i>(177)</i> |
| Immediate | How long |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | Signature of Physician <i>None in attendance</i> |
| | Address <i>James M. Wheeler</i> |
| | <i>Sub Registrar</i> |
| Accident or Suicide? | |



Name
in
Full

Elizabeth Kimmannon

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Poyauclon* Town *Chaves* County

Date of death *1907* Month *June* Day *30* Age *88* Years Months Days

Sex *Female* Color or Race *White* Birth-place *Ind.*

Occupation *Companion* Where Residing if not at place of death *—*

Married, Single or Widowed *Single* Name of Wife or Husband *—*

Father's Name *Unknown* Father's Birthplace *Ind.*

Mother's Maiden Name *Unknown* Mother's Birthplace *Ind.*

Name of person giving information *Dr. W. M. Langley* How related to deceased *Nephew*

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary *General weakness* How long *Several years*

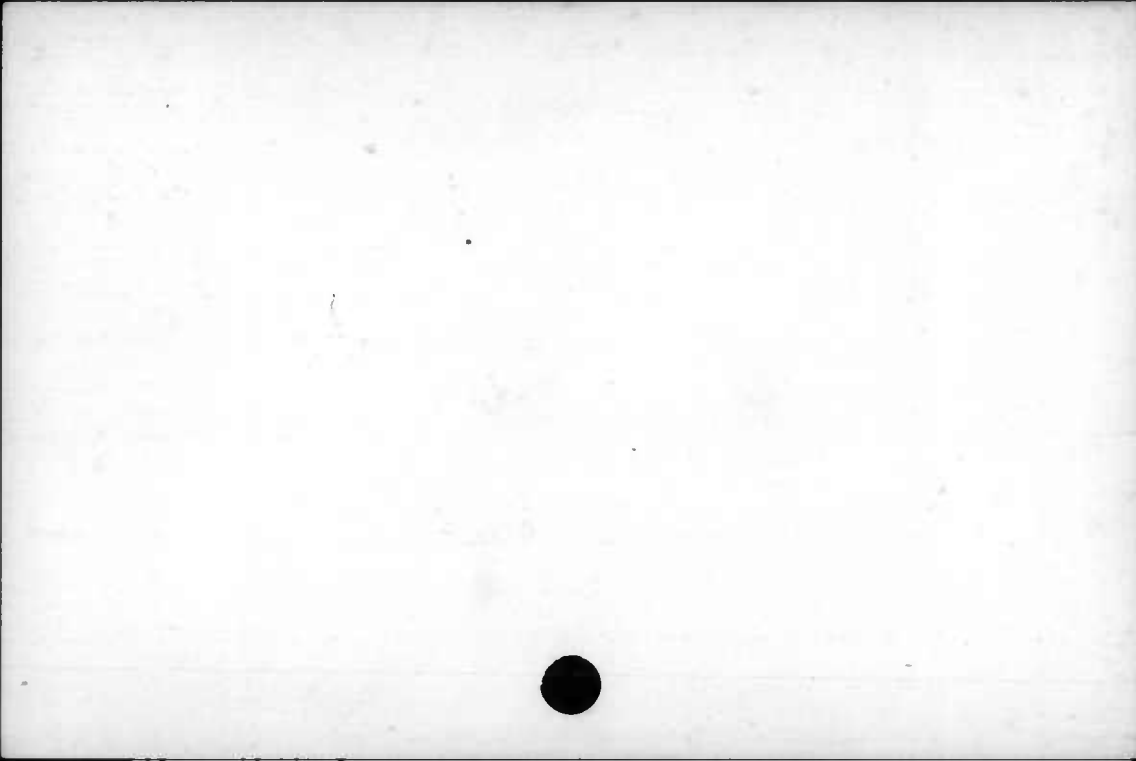
Immediate *Exhaustion* How long *2 days*

Are the name, age, sex, color, date and place correctly given above? ☒

Signature of Physician *J. O. Carrico M.D.*

Address *Poyauclon*

Accident or Suicide? *Ind.*



Town

County

Died at

Date _____

Month

Day

Years

Months

Days

of death 190

Age

Sex

Color or Race

Birth-
place

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Father's
Birthplace

Mother's
Maiden Name

Mother's Birthplace

Name of person giving
information

How related
to deceased

CAUSES OF DEATH

Primary

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

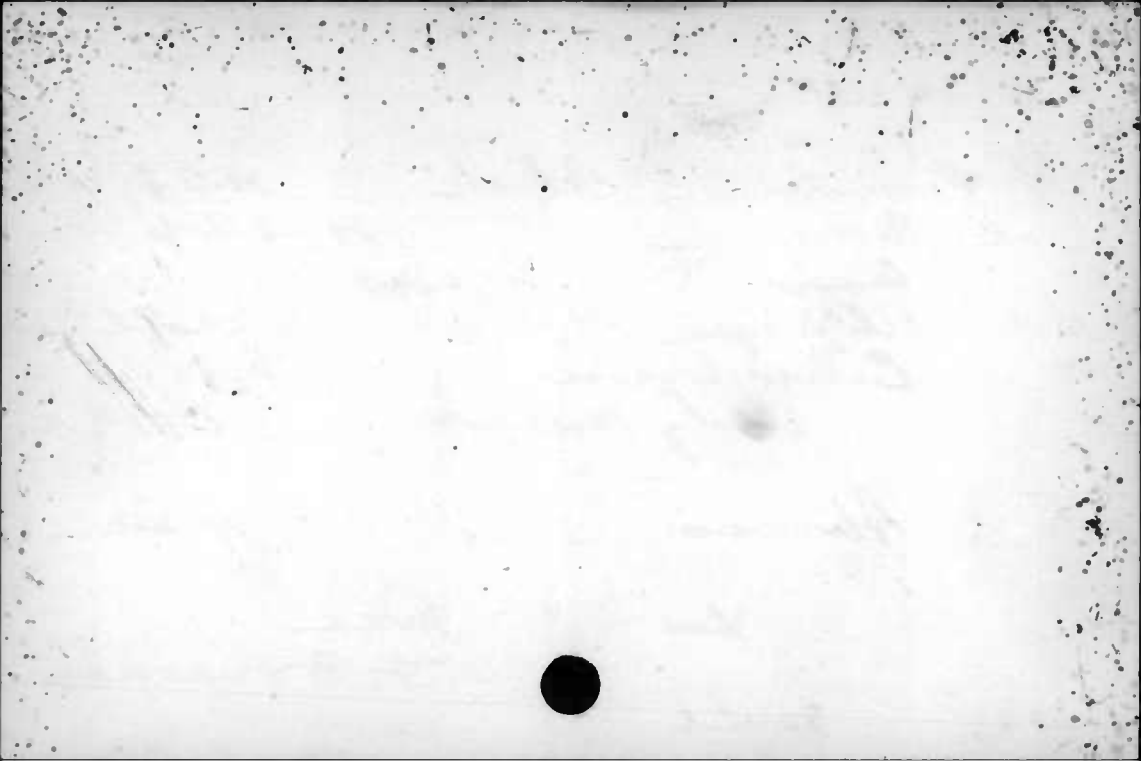
Signature of Physician

Address

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN.
CORONER



| | | | | | | | |
|-----------------------------------|--|----------------|------------------|-------------------------|---|----------------------|--------------------------|
| Name in Full | | Ollie Matthews | | | | CERTIFICATE OF DEATH | |
| TO BE ANSWERED BY NEAREST FRIEND | Died at | | Hill Top | | County | | Chas |
| | Date of death | | 1907 | Month | 6 | Day | 25 |
| | Sex | | Female | | Color or Race | | Black |
| | Occupation | | None | | Where Residing if not at place of death | | Hill Top |
| | Married, Single or Widowed | | Single | | Name of Wife or Husband | | None |
| | Father's Name | | Alvigeo Matthews | | Father's Birthplace | | Chas Co Ark |
| | Mother's Maiden Name | | Celia Byson | | Mother's Birthplace | | " " " |
| Name of person giving information | | Eddy Mathews | | How related to deceased | | Brother | |
| CAUSES OF DEATH | | | | | | | |
| PHYSICIAN OR CORONER | Primary | | Abscess | | How long | | 144 4 mo |
| | Immediate | | | | How long | | |
| | Are the name, age, sex, color, date and place correctly given above? | | Yes | | Signature of Physician | | Wm |
| | Accident or Suicide? | | Neither | | Address | | W. F. Browner Sub Reg |

W. F. Browne

Name
in
Full

CERTIFICATE OF DEATH

Mattingly

Town

Pigah

County

Charles

MARYLAND

Died at

Date

of death 1907

Month

June

Day

11

Age

Years

Months

Days

Sex

Female

Color or
Race

American

Birth-
place

Pigah

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Bernard Mattingly

(S)

Father's
Birthplace

Charles Co Md

Mother's
Maiden Name

Laura Bowie

Mother's
Birthplace

Charles Co Md

Name of person giving
In formation

Bernard Mattingly

How related
to deceased

Father

CAUSES OF DEATH

Primary

Still Born

(S)

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Geo. B. Bicknell

Address

Pigah, Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name

in
Full

Mary Ida Mudd

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

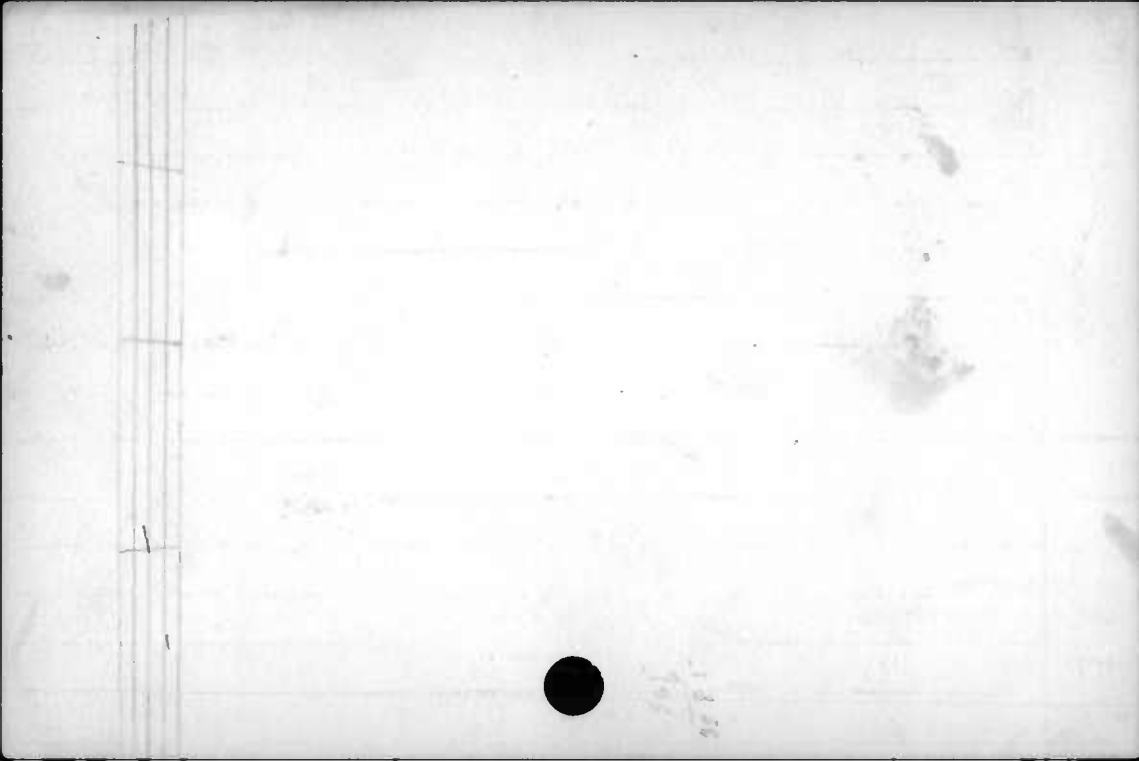
| | | | | | |
|---|---|---|---------------------------------|----------|------|
| Died at <i>La Plata</i> Town | | <i>Columbia</i> County | | MARYLAND | |
| Date of death <i>1907</i> | Month <i>June</i> | Day <i>3rd</i> | Years <i>46</i> | Month | Days |
| Sex <i>Female</i> | Color or Race <i>white</i> | | Birth place <i>Prine Geo Co</i> | | |
| Occupation <i>Housewife</i> | | Where Residing if not at place of death | | | |
| Married, Single or Widowed <i>married</i> | Name of Wife or Husband <i>Sydney E. Mudd</i> | | | | |
| Father's Name <i>Walter P Griffin</i> | Father's Birthplace <i>Prine Geo. Co.</i> | | | | |
| Mother's Maiden Name <i>Eleanor Brown</i> | Mother's Birthplace <i>Prine Geo Co.</i> | | | | |
| Name of person giving Information <i>Robert Griffin</i> | How related to deceased <i>brother</i> | | | | |

CAUSES OF DEATH

116

PHYSICIAN
OR CORONER

| | |
|---|---|
| Primary <i>Malignant uterine tumor.</i> <i>General Peritonitis</i> | How long <i>at least</i> |
| Immediate <i>Cardiac exhaustion</i> | How long <i>2 or 3 hours</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | Signature of Physician <i>Wm. S. Owen</i> |
| | Address <i>La Plata</i> |
| Accident or Suicide? <i>No</i> | <i>Mud</i> |



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Mary Ann Yeale

Town

County

Died at

Seene

Charles

MARYLAND

Date

Month

Day

Years

Months

Days

of death 1907 June

3

Age

65

Sex

Female

Color or
Race

American

Birth-
place

Charles

Occupation

Housewife

Where Residing if not
at place of deathMarried, Single
or WidowedName of
Husband

Charles A. Yeale

Father's
Name

Joseph A. Wills

Father's
Birthplace

Charles Co

Mother's
Maiden Name

don't no.

Mother's
Birthplace

don't no

Name of person giving
Information

William E. Yeale

How related
to deceased

Son

CAUSES OF DEATH

79

Primary

Heart trouble

How long

15 minutes

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
PhysicianJ. L. Higdon, M.D.
Hayside, Md.

Address

Accident or Suicide?



Name
in
Full

Mary Simmons

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|---|---------------------------------------|--|--------------------|-----------------|----------------|
| Died at <u>Belhome</u> Town | | County <u>Charles</u> | | MARYLAND | |
| Date of death <u>1907</u> | Month <u>June</u> | Day <u>26</u> | Age <u>—</u> Years | Months <u>2</u> | Days <u>12</u> |
| Sex <u>Female</u> | Color or Race <u>Collord</u> | Birthplace <u>Charles Co Md</u> | | | |
| Occupation <u>none</u> | | Where Residing if not at place of death <u>—</u> | | | |
| Married, Single or Widowed <u>Single</u> | Name of Wife or Husband <u>none</u> | | | | |
| Father's Name <u>George R Simmons</u> | Father's Birthplace <u>Char Co Md</u> | | | | |
| Mother's Maiden Name <u>Cecilia Penny</u> | Mother's Birthplace <u>Char Co Md</u> | | | | |
| Name of person giving Information <u>George R Simmons</u> | How related to deceased <u>Father</u> | | | | |

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

| | |
|---|---|
| Primary <u>Cholera Infantum</u> | How long <u>Three days</u> |
| Immediate <u>according to best information obtainable</u> | How long <u>—</u> |
| Are the name, age, sex, color, date and place correctly given above? <u>yes</u> | Signature of <u>Sub Registrar</u> Physician <u>Chas. D Carpenter</u> |
| <u>No Physician in attendance</u> | Address <u>Pisgah Md.</u> |
| Accident or Suicide? | |



Name
in
Full

Muttie Stuart

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Man Malvern* ^{Town} *Charles* ^{County} **MARYLAND**

Date of death *1907* ^{Month} *June* ^{Day} *26* ^{Years} *—* ^{Months} *9* ^{Days} *—*

Sex *Female* Color or Race *Black* Birth-place *Ind*

Occupation *—* Where Residing if not at place of death *at home*

Married, Single or Widowed *—*Name of Wife or Husband *—*Father's Name *Unknown*Father's Birthplace *Unknown*Mother's Maiden Name *Louisa Stuart*Mother's Birthplace *Ind*Name of person giving information *Jones Stuart*How related to deceased *Brother*

CAUSES OF DEATH

105

PHYSICIAN
OR CORONERPrimary *Cholera infantum*How long *Two days*Immediate *E. bronchitis*

How long

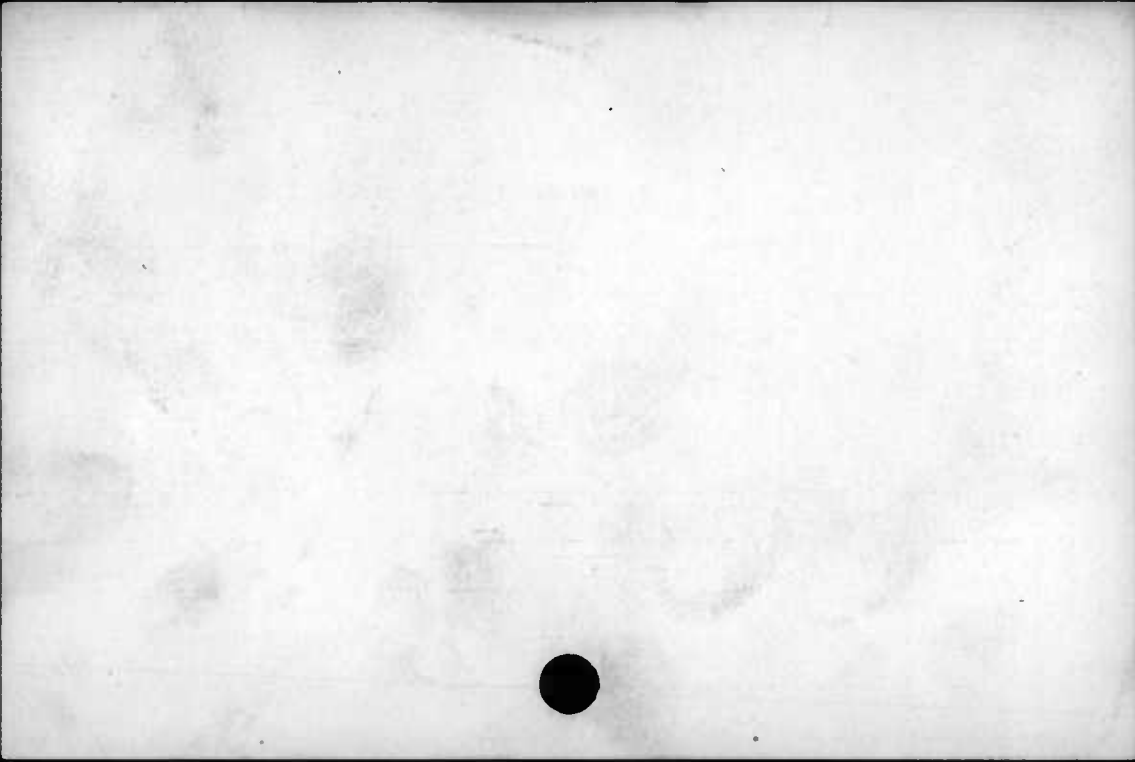
Are the name, age, sex, color, date and place correctly given above? *—*

Signature of Physician

Address

G. O. Warner
Waco
Ind

Accident or Suicide?



Name
in
Full

William Thompson

CERTIFICATE OF DEATH

Died at

Munster

Town

County

Charles

MARYLAND

Date

1907

Month

June

Day

12

Years

Age

Not Known

Months

Days

Sex

Male

Color or
Race

Colored

Birth-
place

Charles Lee

Occupation

None

Where Residing if not
at place of death

Charles Lee

☒ Married, ☐ Single
☒ WidowedName of Wife or
HusbandFather's
Name

Jennie Thompson

Father's
Birthplace

Charles Lee

Mother's
Maiden Name

Charley Miles

Mother's
Birthplace

Charles Lee

Name of person giving
information

Wm Rye

How related
to deceased

Brother in law

CAUSES OF DEATH

Primary

Old age

(154)

How long

Two years

Immediate

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

W. S. Galis
Sub-Rig.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

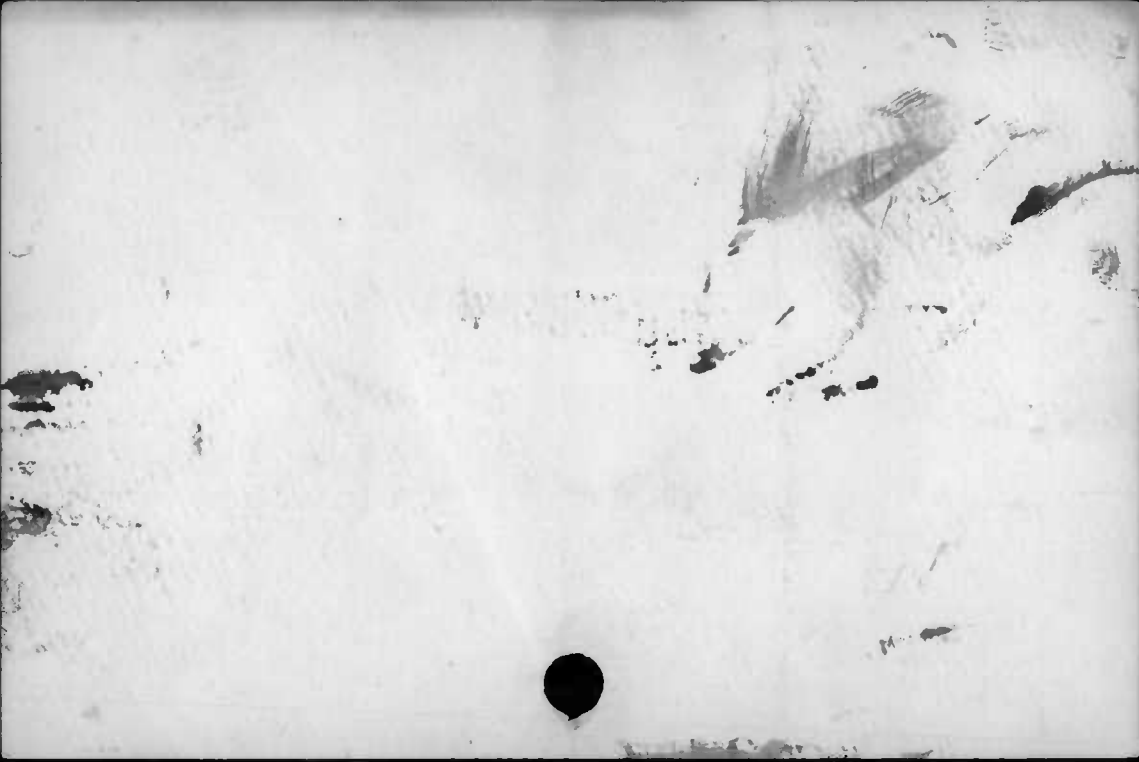
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|--|--|---|--|-------------------------------|--|-----------------|--|
| Name <i>Henry Volker</i> | | Town <i>Glymont</i> | | County <i>Charles</i> | | MARYLAND | |
| Died at <i>Glymont</i> | | Date of death <i>1907</i> | | Month <i>June</i> | | Day <i>24th</i> | |
| Age <i>17-18</i> | | Years | | Months | | Days | |
| Sex <i>Male</i> | | Color or Race <i>White</i> | | Birth-place <i>Washington</i> | | | |
| Occupation <i>Student</i> | | Where Residing if not at place of death <i>Washington, D.C.</i> | | | | | |
| Married, Single or Widowed <i>Single</i> | | Name of Wife or Husband | | | | | |
| Father's Name <i>Herman Volker</i> | | Father's Birthplace <i>Germany</i> | | | | | |
| Mother's Maiden Name | | Mother's Birthplace <i>"</i> | | | | | |
| Name of person giving information <i>Wm. D. Keane, R. D.</i> | | How related to deceased <i>Not</i> | | | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|---|-----------------------|--|----------|
| Primary | <i>straining eyes</i> | <i>172</i> | How long |
| Immediate | | | How long |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | | Signature of Physician <i>Henry P. Barry, M.D.</i> | |
| | | Address <i>Acety Chem. Main House</i> | |
| Accident or Suicide? <i>Accidental</i> | | <i>Chas. Camp; Helymer</i> | |



| | | | |
|---|--|----------------------------------|------|
| Name <i>John H. Winters</i> | | CERTIFICATE OF DEATH | |
| Died at: <i>Perry</i> Town <i>Shelby</i> County | | MARYLAND | |
| Date of death <i>1907 June 17</i> | Age <i>66</i> | Months | Days |
| Sex <i>Male</i> | Color or Race <i>White</i> | Birth-place <i>Pittsburg Pa.</i> | |
| Occupation <i>Glass Blower</i> | Where Residing if not at place of death <i>at place of death</i> | | |
| Married, Single or Widowed <i>Married</i> | Name of Wife or Husband <i>Ann E. Sumner</i> | | |
| Father's Name <i>Abram Winters</i> | Father's Birthplace <i>N. Y.</i> | | |
| Mother's Maiden Name <i>Lucinda Hines</i> | Mother's Birthplace <i>Union Penn Pa.</i> | | |
| Name of person giving information <i>Geo. S. Winters</i> | How related to deceased <i>Son</i> | | |
| CAUSES OF DEATH 120 | | | |
| Primary <i>Bright's Disease</i> | How long <i>Two years</i> | | |
| Immediate <i>Heart Disease</i> | How long | | |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | Signature of Physician <i>J. W. Mitchell</i> | | |
| | Address <i>Perry Md</i> | | |
| Accident or Suicide? <i>No</i> | | | |

